No time to lose
focus, accelerate and boost our efforts

Strategy 2018-2021

aidsfonds SOAIDS
Aidsfonds – Soa Aids Nederland works as one organisation to achieve a world without sexually transmitted infections (STIs) and AIDS. Every day, we work all over the world to end AIDS before 2030. In the Netherlands, we work to drastically reduce HIV and other STIs. Wherever we work, we know we must accelerate, focus and boost our efforts now in order to achieve our goals.

**Our vision is a world without AIDS and STIs, because…**

In the Netherlands, which could potentially be the first country with zero new HIV infections, the number of new HIV infections is not falling fast enough. As a result, ten thousand more people are likely to be diagnosed with HIV in the Netherlands by 2030. This is not a situation that we are willing to tolerate.

Our generation has the ability to stop one of the largest epidemics in history in its tracks. If we don’t switch the AIDS response into top gear now, we will miss this unique opportunity. Our efforts must be twofold: treat everyone living with HIV and reach everyone at risk of being infected with HIV with a wide range of preventative and educational measures.

The AIDS response has reached a historic tipping point. We possess the knowledge to stop the global AIDS epidemic before 2030, but despite our best efforts, new hotspots are developing in some countries. Globally, attention for the AIDS response is diminishing, funding is increasingly constrained, and populist politicians are seeking to exclude people who are vulnerable to HIV and AIDS from healthcare.

The AIDS response is faltering under the impact of these factors. If this situation persists, millions of people will become infected with HIV and die, as it becomes increasingly difficult to treat everyone. This is not a situation that we are willing to tolerate.

The number of diagnosed STI infections has gone up in the last year and will continue to rise if nothing changes. The Dutch government has cut STI response funds and reduced insurance incentives for these measures.

Large-scale safer sex campaigns have been suspended, despite the fact that a new generation of 200,000 young people becomes sexually active every year. Research shows that less and less people use condoms even though it is the most important means of preventing STIs. There is widespread ignorance of the serious consequences of contracting STIs. Untreated STIs can also lead to illness, infertility and even death, and people often face shame, stigma and mental-health problems.

The “Big Six STIs” (HIV, chlamydia, gonorrhoea, syphilis, hepatitis, and human papilloma virus (HPV)) have one thing in common: they are preventable and are usually easily detectable and treatable. By focusing on the Big Six, we can considerably reduce the incidence rates of these and other related STIs. This is a feasible goal, as demonstrated in the 1980s and 1990s, but success crucially depends on reducing the fear and shame people feel about STIs.

Every year, about a hundred thousand people in the Netherlands are infected with an STI. Nine hundred of them are diagnosed with HIV. STIs may never be eradicated completely, but the current high infection rates are entirely avoidable. We can considerably reduce incidence rates of the ’Big Six’ STIs using current medical knowledge and (online) tools.

1+1=3

At Aidsfonds – Soa Aids Nederland, our vision is to achieve a world without AIDS and STIs. Every day, we strive to end AIDS globally before 2030. In the Netherlands, we work to radically reduce HIV and other STIs. We will continue our focus on and improve alignment and synergy between these two areas.

We are a Dutch organisation that works nationally and internationally. Aidsfonds specialises in working as a kick-starter and involved funder. Soa Aids Nederland excels in innovation and forging strong collaborative partnerships. Although these differences are sometimes challenging, the divergent skillsets and expertise in both organisations play a key role in achieving our goals. In the Netherlands we need to respond to HIV and other STIs simultaneously. Internationally, the pragmatic Dutch approach could be vital in stopping the AIDS epidemic.

We leverage the knowledge we have gained in the Netherlands about reaching groups at risk and in e-health to reach our international HIV goals. At the same time, we learn from our collaborations with communities globally to improve and refine STI response in the Netherlands.

In short, we experience the added value of working as one organisation every day. We know that the time accelerate, focus and boost our efforts in order to achieve our vision, is now. In this document which outlines our 3 year strategy, we describe the steps necessary to achieve our renewed goals.
Our values

Everything we do is driven by our values, which underpin our organisational ideals and beliefs and inform our actions and decisions.

Entrepreneurial

We dare to follow unusual routes if they offer significant opportunities. New initiatives and boldness are required to radically reduce the incidence rates of HIV and other STIs.

Involved

The direct involvement of people who are most vulnerable to HIV and other STIs is essential to all our activities. The Meaningful Involvement of People Living with HIV and AIDS (MIPA) principle is at the heart of our work.

Collaborative

We can only achieve our ambitious goals if we collaborate creatively. We deliberately form unusual and unlikely partnerships and alliances because we believe that dialogue, dissent and divergent ideas will only improve our work.

Impact-driven

We strive for maximum impact. Our approach is targeted and flexible. Our methods are evidence-based.

Respectful of human rights

We defend the rights of the people who are most affected by HIV and other STIs. We are committed to a world without stigma, discrimination and criminalisation.

Activist

Where change is required, we speak out loudly. We boldly face our challenges and obstacles.

Our unique approach

We are experts and pioneers in the response to STIs and AIDS. We tirelessly seek new solutions and invest in pioneering scientific research. We mobilise politicians and Dutch society, and develop state-of-the-art interventions. We work with our target groups and communities and we enable ordinary people to discuss subjects that will make a difference.

Five key strengths underpin our approach:

- **Community-based**: Changing behaviour always starts within the groups and communities concerned. We work closely with those that are most vulnerable to HIV and other STIs and most affected by stigma and discrimination. Communities know what works and which approach fits them best. It is essential that education, testing, treatment and healthcare are accessible to everyone, people should feel encouraged and free to use these services.

- **Pragmatic**: At a time when our choices are constrained and financial resources are limited, we pragmatically choose interventions that are proven in order to achieve maximum results.

- **Kickstart**: New methods are required to stop AIDS and radically reduce the Big Six STIs. We boldly experiment, tackle challenges that others are reluctant to address, test our solutions and help governments to roll out the results of our pioneering work.

- **Mobilise**: We have decades of experience in responding to AIDS and STIs, by reaching and involving target groups and communities. All our efforts are based on the knowledge we have built up over a 100 years, and 3 decades in the AIDS response.

- **Expertise**: The knowledge required to stop AIDS and STIs is available. However, engagement is also required at all levels, from individuals and countries to organisations such as the United Nations. We take an activist approach, mobilising governments, politicians, other organisations and Dutch society to join forces and play their part in the solution because we can only achieve our goals if we work together and if receive sufficient funding.

We leverage our expertise: We have decades of experience in responding to AIDS and STIs, by reaching and involving target groups and communities. All our efforts are based on the knowledge we have built up over a 100 years, and 3 decades in the AIDS response.
Strategy map 2018-2021
This strategy map depicts the way our vision, goals, approach and values connect when implementing our strategy. Our goals will be explained in the next few chapters.

Aidsfonds - Soa Aids Nederland works as one organisation to achieve a world without STIs and AIDS. Every day, we work all over the world to end AIDS before 2030. In the Netherlands, we work to drastically reduce HIV and other STIs.

**OUR VALUES**
Entrepreneurial
Involved
Activist
Impact-driven
Respectful of human rights
Collaborative

**COMMUNITY-BASED**
We work closely with those most vulnerable to HIV and other STIs, and most affected by stigma and discrimination.

**MOBILISING**
We can only achieve our goals if we work together and if we receive sufficient funding.

**PRAGMATIC**
Our work is data and experience driven to achieve maximum results.

**KICK-STARTING**
We dare to experiment and develop solutions for challenges others are reluctant to tackle.

**EXPERTISE**
All our efforts are based on our expertise.

**ORGANISATIONAL GOALS 2022**

**LONG-TERM GOAL 1:**
Radical reduction in the Big Six STIs and 0 new HIV infections globally

- 0 new HIV infections in the Netherlands.
- Halve the number of new syphilis infections.
- Halve the number of gonorrhoea infections.
- 0 new acute hepatitis B and C infections.
- Halve the number of women who become infertile due to chlamydia.
- HPV vaccination for all groups at risk.

**LONG-TERM GOAL 2:**
< 200,000 new HIV infections globally

In the coming months, we will determine the organisational goals that will contribute to achieving this long-term goal. Our choices will also depend on the fifteen focus countries that we will select.

- In focus countries, treatment remains affordable.

**LONG-TERM GOAL 3:**
Everyone living with HIV worldwide receives treatment

In the coming months, we will determine the organisational goals that will contribute to achieving this long-term goal.

- Aidsfonds boosts efforts to find a cure for HIV by raising and mobilising funds amounting to €10 million to fund pioneering scientific research.

**LONG-TERM GOAL 4:**
A cure for HIV

In focus countries, treatment remains affordable.

**LONG-TERM GOAL 5:**
Awareness, support in society, and full funding of the AIDS and STI response

HIV and AIDS in the top ten of the world’s most urgent challenges.

- 20% increase in Dutch and EU contributions to the international AIDS response.
- Increase in funding of the national STI response.
- Increase in local funding of the AIDS response in fifteen countries. (Goal for each country will be decided after selection of focus countries).
- €57 million available to spend on our organisational goals in 2022.

**OUR UNIQUE APPROACH**

**Strategy 2018-2021: No time to lose**

6
In the coming months, we will determine the organisational goals that will contribute to achieving this long-term goal. Our choices will also depend on the fifteen focus countries that we will select.

6

In focus countries, treatment remains affordable.

7
Aidsfonds boosts efforts to find a cure for HIV by raising and mobilising funds amounting to €10 million to fund pioneering scientific research.

7

Aidsfonds - Soa Aids Nederland works as one organisation to achieve a world without STIs and AIDS. Every day, we work all over the world to end AIDS before 2030. In the Netherlands, we work to drastically reduce HIV and other STIs.
We must act now

To achieve an AIDS-free world by 2030 and a radical reduction in the Big Six STIs, we need to accelerate, focus and boost our efforts now.

Accelerate

The time to accelerate the prevention, detection and treatment of HIV and other STIs is now. In order to have the highest possible impact, we will develop our strengths and approach issues flexibly, changing the way we work if necessary.

Focus

We will steer a daring course and make some bold choices to achieve the best possible results. Our work programme, which encompasses so many complex issues, often runs the risk of spreading our efforts too thinly. While we attach value to all our activities, from now on, we will focus exclusively on activities that are demonstrably effective and sustainable.

Boost our efforts

As sufficient financial support can no longer be taken for granted, we can only accomplish our ambitions by advocating for political willingness, awareness and funding in order to boost our efforts.

We have taken a critical look at all our activities to pursue the most direct steps to reaching our vision. This led us to formulate five goals.

A world without AIDS and STIs

These long-term goals are the goals we ultimately want to achieve as an organisation. To make sure we reach them, we have set organisational goals for each one to be realised in the coming four years.

LONG-TERM GOAL 1: Radical reduction in the Big Six STIs and 0 new HIV infections

LONG-TERM GOAL 2: < 200,000 new HIV infections globally

LONG-TERM GOAL 3: Everyone living with HIV worldwide receives treatment

LONG-TERM GOAL 4: A cure for HIV

LONG-TERM GOAL 5: Awareness, support in society, and full funding of the AIDS and STI response
Strategy 2018–2021: No time to lose

We are the national centre of expertise in responding to HIV and other STIs, based on over 100 years of experience. Our organisation has been dedicated to an effective HIV and AIDS response for more than 30 years. New medical opportunities like PrEP, early treatment and online interventions could drastically reduce the prevalence of HIV and other STIs infections. This requires a focused approach. We will focus primarily on preventing and treating HIV and five other STIs, as the shortest route to achieve our goals. We are working towards the goal of zero new HIV infections in the Netherlands, something which has not been achieved in any other country in the world. Our country could be the first to realise this ambition. In addition, we are committed to an ambitious and radical reduction in the five STIs with the highest incidence rates and most serious consequences.

We will make every count
We must act fast to significantly reduce the ‘Big Six’ STIs by implementing effective prevention, early detection and treatment. Vaccinating people when possible, focusing on partner notification and strengthening the collaboration between professionals will deliver immediate results. We collaborate with the National Institute for Health and the Environment (Risksinstituut voor Volksgezondheid en Milieu – RIVM), the GGD local health authorities, general practitioners, HIV specialist nurses and target groups for our STI response in the Netherlands.

Zero new HIV infections can only be achieved if we use all available medical prevention and treatment methods, with groups at higher risk of HIV. The introduction of PrEP, the detection of acute HIV infections and strengthening collaboration between all the medical doctors to scientists, specific target groups and healthcare facilities, will lead to rapid impact. People diagnosed with HIV must be able to access treatment as quickly as possible to benefit their own health as well as prevent new HIV infections.

We will deepen our focus
Achieving the prevention and treatment of HIV and other STIs means leveraging our unique expertise and focusing on activities that contribute to these goals. Using e-health tools as well as physically reaching our most important target groups with tailor-made interventions are important. In addition, we will strengthen the collaboration between all the medical doctors to scientists, specific target groups and healthcare facilities, to lead to rapid impact. People diagnosed with HIV must be able to access treatment as quickly as possible to benefit their own health as well as prevent new HIV infections.

We will collaborate more effectively
Making clear choices will change the way we work with our partners. We intend to focus more intensively on knowledge of target groups and expertise in the area of HIV and other STIs. Sex education is an important goal to successfully responding to HIV and other STIs. Our professional target groups can count on us to offer an integrated approach. We will focus on HIV and other STIs, collaborating closely with partners such as Rutgers, who provide expertise on important, complementary issues such as unwanted pregnancy, high-risk behaviour, sexting and ‘loverboys’.

We will continue to respond to HIV and other STIs among sex workers, working with sex-worker organisations that can now play a more prominent role in lobbying and advocacy.

Supporting people living with HIV is in our DNA. In the Netherlands, we stand up for people living with HIV by supporting the HIV Vereniging Nederland (The Dutch HIV Association) and by investing in scientific research. In this way, we contribute to reducing stigma and fear of HIV. In consultation with the HIV Vereniging Nederland, we will look at how individual support and legal assistance for people living with HIV can be organised most efficiently.

Tailoring our activities
We will focus on specific target groups such as young people, men who have sex with men, sex workers and people from migrant backgrounds. In the Netherlands, these groups are often at the highest risk. We will offer them and the general public practical knowledge, skills and tools in the area of HIV and other STIs, improving autonomy and self-reliance. We will also support teachers, healthcare professionals and policy makers to make their efforts more effective.

We will work towards ending syphilis and gonorrhoea
New methods are desperately needed to end the rapid and significant increase in syphilis and gonorrhoea incidence rates, especially in high incidence communities. Better prevention and early treatment are key interventions. Tracing infections will initially need to improve detection rates and provide treatment more rapidly. Early detection of a much larger number of infections would prevent further transmissions – ultimately resulting in a decrease in infection rates. This approach requires new methods, as well as enough support in society and sufficient financial resources.

We will play a vital role in the response
As experts with in-depth knowledge of the STI response and specific target groups, we play an important role in the Dutch response to HIV and other STIs. As we are now committed to our ambitious goal to radically reduce the ‘Big Six’ STIs, we should also press harder for this in the Netherlands – by encouraging key stakeholders in the STI response to achieve results faster and by kick-starting new solutions that can become ‘business as usual’ in regular healthcare.

Anne, participant in PrEP research
Anne takes PrEP, a pill which prevents HIV infections. ‘I don’t want to get HIV, but I do want to have sex the way I like it. Thanks to PrEP I’m no longer scared and I’m enjoying sex more than ever.’

PrEP, medication which protects people against HIV, is not yet covered by health insurance companies in the Netherlands. However, the HIV-TEAM is carrying out a research project on PrEP, so that we can make a real difference to the AIDS response. By giving promising ideas a chance, we can outsmart the virus!

LONG-TERM GOAL 1: Radical reduction in the Big Six STIs and 0 new HIV infections

Organisational goals 2022
- 0 new HIV infections in the Netherlands
- Halve the number of new syphilis infections
- Halve the number of gonorrhoea infections
- 0 new acute hepatitis B and C infections
- Halve the number of women who become infertile due to chlamydia
- HPV vaccination for all groups at risk

Theo Geijtenbeek, Professor and HIV researcher
Professor Theo Geijtenbeek leads a group of scientists conducting HIV research at the Amsterdam University Medical Centre (AMC). ‘Aidsfonds is an extremely important partner in Dutch HIV research. Every year, over two million people worldwide are infected. It is of vital importance that we continue investing in research which could result in a cure for HIV or finding a way to definitively prevent it.’

Aidsfonds’ high-risk, high-gain grants give scientists with innovative ideas the opportunity to implement research, so they can make a real difference to the AIDS response. By giving promising ideas a chance, we can outsmart the virus!

The Big Six
Besides HIV, five other STIs need our attention. They have the highest incidence rates and most serious consequences.

Every year, an estimated 200,000 people, mainly people below the age of 25, are infected with HPV. In addition, the incidence rates of gonorrhoea and syphilis are rising, often causing serious symptoms. Untreated infections may result in infertility, miscarriages and premature births. Hepatitis can cause life-threatening liver disease. People with HIV can enjoy a good quality of life these days, but a cure isn’t available yet and lifelong treatment is required. Increasingly, HPV appears to be linked to malignant diseases including cervical, anal and throat cancer.

“Thanks to PrEP I’m no longer scared.”

Anne, participant in PrEP research
Anne takes PrEP, a pill which prevents HIV infections. ‘I don’t want to get HIV, but I do want to have sex the way I like it. Thanks to PrEP I’m no longer scared and I’m enjoying sex more than ever.’
As long as we are unable to cure HIV, we will focus on the combination of prevention and treatment. We know that directly supporting communities that run the highest risk is the most effective approach. Because members of these communities know best what they need to remove the barriers to prevention and treatment. We have formulated ambitious goals in numbers to ensure that we remain alert as to where we can be most effective.

LONG-TERM GOAL 2: < 200,000 new HIV infections globally

Organisational goals 2022
- In the coming months, we will determine the organisational goals that will contribute to achieving this long-term goal. Our choices will also depend on the fifteen focus countries that we will select.

Fast track: working in fifteen countries
Our work will be more effective when we focus on fifteen specific countries where we will have the largest impact on the AIDS epidemic. In cases where we have more knowledge about a country and a network exists, our efforts can be much more focused. We will carefully make the transition from 40 (current number) to fifteen countries. In doing so, we will embrace the fast-track strategy of UNAIDS.

In these fast-track countries, we will make clear choices about our work. We assess which targeted communities need our help most, where an effective AIDS response is complicated due to financial restraints, and where we have ample experience. We also take fundraising opportunities into consideration. Moreover, we will consider if a stronger focus on large cities within these countries could be an extra incentive to our work.

LONG-TERM GOAL 3: Everyone living with HIV worldwide receives treatment

Organisational goals 2022
- In the coming months, we will determine the organisational goals that will contribute to achieving this long-term goal. Our choices will also depend on the fifteen focus countries that we will select.

Worldwide just over half of all the people living with HIV have access to treatment. This means there are still 17.5 million people without access to lifesaving treatment. We know that people who are treated successfully (viral suppressed) cannot transmit the virus to others. It is therefore essential that everyone has access to treatment as soon as possible.

David, LGBT/HIV activist
David lives in Kyrgyzstan with his boyfriend Dimitry. Three years ago, they fled from Uzbekistan after experiencing violence, extortion and threats from the police and the intelligence services because they are homosexual. ‘The situation in Kyrgyzstan woke up the activist in me,’ David explains. These days, he accompanies LGBT people living with HIV to healthcare services. ‘When a doctor tasted a friend of mine and discovered that he was infected by having sex with a man, she left the room. She returned with someone who started shouting, ‘You homosexuals do not deserve HIV medication!’ He threatened to have my friend prosecuted and imprisoned.’

Hate of homosexuals is on the rise in many former Soviet countries, putting their safety at risk. It also has serious consequences for their health and for the HIV epidemic. Aidsfonds supports activists like David in their efforts to change this.
in the body for a short period of time making early detection imperative. Embracing only one method is insufficient, so we now focus on combining different methods using the newest techniques. The progress in the AIDS research is also the result of learning from other disciplines and other diseases, such as cancer.

Our ultimate goal is a cure for HIV. At the moment, one person in the world has been cured of HIV, so we know it is possible. Curing everyone living with HIV is not yet within reach, but scientists are starting to express cautious optimism about the first steps towards this goal. For example, we already know that a cure is most feasible when HIV has been present for a short period of time making early detection imperative. Embracing only one method is insufficient, so we now focus on combining different methods using the newest techniques. The progress in the AIDS research is also the result of learning from other disciplines and other diseases, such as cancer.

We will pioneer research
We are dedicated to curing everyone living with HIV, globally and in the Netherlands. To increase the chance of a breakthrough in the research into curing HIV, we bring together progressive scientists, research institutes and other relevant stakeholders. The Netherlands has the opportunity to take the lead, due to a combination of well-structured healthcare system, close collaborations with people living with HIV, and high-quality research. We believe that it is important to prepare for the moment when a cure is found in order to offer rapid access to people living with HIV. We are committed to placing this issue on the global agenda and raising funds towards this goal.

Global funding for the AIDS response is declining and the budget for STI care has been frozen in the Netherlands. Political will, support in society and extra investments are fundamental for our survival. Our campaigns and lobbying activities ensure a prominent place for HIV and other STIs on the political and social agenda, not only in The Hague, but also in international political centres such as Brussels, Geneva, Washington and Addis Ababa. We will call on progressive countries – including the Netherlands – to commit to an effective and fully funded AIDS response. We will explicitly focus on the countries in which we work.

Support in society
Support in Dutch society for a world without AIDS and STIs is very important for our work. Not only to raise sufficient funds, but also to create political change. Our campaigns raise awareness among the Dutch public, and our political actions ensure a place for urgent subjects like PrEP on the agenda.

Sufficient funding and Sustainable relation with donors
Solid support in society for the STI and AIDS response is required to raise funds to achieve our organisational goals. In addition, our lobbying activities primarily focus on receiving more money from the Netherlands and the European Union for the international AIDS response, for example for the Global Fund to Fight AIDS, Tuberculosis and Malaria. Our current donors, including the Dutch Ministry of Foreign Affairs, the RIVM, the Dutch Postcode Lottery and 160,000 private donors, make our work possible. They are important partners in our shared mission. We will pay renewed attention to our relationship with our institutional and private donors in the next few years.
Financial requirements to make our work possible

Between 2013 and 2017, the annual amount available for our goals rose from €37 million to €48 million. We hope to be able to spend €57 million on our organisational goals in the coming years.

Our aim for the period to 2020 – when our present agreements with the Dutch Ministry of Foreign Affairs end – and beyond is that the Ministry will provide us with money for our approach to communities; that the Robert Carr civil society Networks Fund continues to be fully funded; and that the RIVM continues to provide sufficient funding.

In addition, to achieve our ambitious goals, we urgently need extra funds. We focus on a mix of funding sources and will explore new fundraising opportunities. These include an increase in the number of countries giving funds to the Robert Carr civil society Networks Fund; mobilising extra money for our STI goals; focusing on individual giving and philanthropy; and raising additional funds from large donors. We will also plan for sufficient funding after 2021.

Within our organisation, we will improve fundraising by adopting the following approach:

- Programme Managers/Managers will be responsible for realising (interim) goals and the associated funding.
- The Business Development Team will support the Programme Managers by identifying and making the most of opportunities, and encouraging entrepreneurship in the area of funding.
- During the development and implementation phase of projects, everyone will be aware of the importance of funding and financial sustainability from the start. Marketing and funding experts, and specialists in the relevant areas will be involved in projects from the outset to help accomplish this.
- We will involve institutional and private donors in our work even more than before. Donor management plans will be used for large donors.

Leadership and organisation

To realise our vision, it is important to be stronger and more flexible. We will work in project teams supported by specialists in data, medicine, our target groups, marketing and finance. Starting in the second half of 2017, we will adapt our organisational structure, based on the following starting points:

- Our efforts will be goal and quality led, supported by systems and procedures.
- The organisational structure encourages collaboration, learning from each other and exchanging knowledge.
- Managerially, we focus on achieving high-quality work.
- We will align with all partners, for example by using one format for reports.
- We will aim at achieving a good balance between specialised and flexible employees.
- We will offer clear structures to ensure opportunities for leadership and professional independence.

During this period of change, we will ensure that our work is implemented as usual and that we are led by our goals.

Multi-year funding goals

The knowledge to stop AIDS by 2030 is available. We can reach this goal if we boost our efforts now. The next four years are of critical importance. Our STI response too, can achieve significant results in reducing the infection rates.

### INCOME 2015-2021

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An AIDS-free world by 2030 is a key target of the United Nation's Sustainable Development Goals. All countries and all people — governments, organisations, businesses and individuals — are committed to this goal.

An AIDS-free world means that by 2030:

- All people living with HIV worldwide receive antiretroviral therapy (ART)\(^1\)
- Fewer than 200,000 new HIV infections occur per year\(^2\)
- People living with HIV no longer experience discrimination

\(^1\) Of the nearly 37 million people living with HIV only 19.5 million were on ART in 2016.

\(^2\) There were still 1.8 million new infections in 2016.

Fast Track

To achieve these targets, we need to shift the AIDS response into top gear. During a special UN High-Level Meeting, all Member States signed the Fast Track strategy, a global plan to accelerate the response. The Joint United Nations Programme on HIV/AIDS (UNAIDS) launched the 90-90-90 targets, to achieve the 2030 goals as soon as possible and to monitor achievements. Aidsfonds – Soa Aids Nederland is wholeheartedly committed to these targets.

The 90-90-90 targets mean that by 2020:

- 90 per cent of people living with HIV know their HIV status
- 90 per cent of people who know their HIV-positive status are accessing treatment
- 90 per cent of people on treatment have suppressed viral loads, meaning that they cannot transmit the virus

The 90-90-90 targets are embedded within the ‘Cascade Of Care’ model. The proportion of PLWH decreases at each successive step of the cascade. Globally the biggest drop in the cascade is in the first step, with only 70 per cent of people living with HIV knowing their status.

Appendix: context AIDS and STI response

An AIDS-free world by 2030

The 90-90-90 targets mean that by 2020:

- 90 per cent of people living with HIV know their HIV status
- 90 per cent of people who know their HIV-positive status are accessing treatment
- 90 per cent of people on treatment have suppressed viral loads, meaning that they cannot transmit the virus

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Fast Track

To achieve these targets, we need to shift the AIDS response into top gear. During a special UN High-Level Meeting, all Member States signed the Fast Track strategy, a global plan to accelerate the response. The Joint United Nations Programme on HIV/AIDS (UNAIDS) launched the 90-90-90 targets, to achieve the 2030 goals as soon as possible and to monitor achievements. Aidsfonds – Soa Aids Nederland is wholeheartedly committed to these targets.

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Risk-taking forms part of our work

Risk-taking forms part of our work. We are active in the areas where HIV has the highest impact. These are often in countries where we have to work under challenging circumstances. At the same time, we deliberately choose to experiment with new approaches in order to make huge leaps forward. Risks entail uncertainty. Being alert to threats ensures that we can continue to work effectively. That's why we always consider risk management during strategic planning and in the choices we will make in the coming years.
More money and political willingness are urgently required for the global AIDS response

The progress made in the AIDS response in recent years is at risk due to current political developments. Though the political situation varies from country to country, conservatism is on the rise worldwide. Growing numbers of people are aligning towards an insular and nationalistic focus, rejecting globalisation and international cooperation. This trend jeopardises human rights and support for development cooperation.

The United States (US) is a clear example. Since 2003, the country has been explicitly committed to saving lives through the US President’s Emergency Plan for AIDS Relief (PEPFAR). Together with global partners, the US took the lead in working towards an AIDS-free generation, and it is the world’s largest donor to HIV and AIDS programmes up to now. This financial contribution has come under pressure since President Obama’s departure in early 2017. Furthermore, the present government has re-introduced the so-called Global Gag Rule, which means many organisations can no longer be openly committed to Sexual and Reproductive rights.

The direct impact of these trends is that worldwide, civil society organisations and communities are less able to do their work. In addition, political freedom and the rights of minorities are at risk. New laws mean that non-governmental organisations face more and more challenges to support high-risk groups in accessing healthcare. Nationalism and conservatism are on the rise in Europe too, and development cooperation is increasingly linked to trade and immigration policies.

Another significant impact threatening the response is that the majority of HIV-positive people live in countries that experienced high economic growth rates in recent years and are no longer officially considered developing countries. It is crucial for the AIDS response to keep resources available for countries no longer defined as developing countries because large donors are withdrawing, and leaving countries to fund their own HIV programmes. These transitions create huge challenges. Economic growth does not automatically result in equal access to healthcare, and vulnerable groups most affected by HIV often face insurmountable barriers. It is therefore critical to keep funds available for these groups and ensure a smooth transition period when international donors transition out.

Current status of the AIDS response (reference year: 2016)

There are currently 37 million people living with HIV worldwide. The highest number even. From this total group 9.5 million people are accessing treatment. Due to this effective treatment, the number of people who die because of AIDS related causes has dropped by 48 per cent (since 2005); people living with HIV accessing treatment have the same life expectancy as HIV-negative people; and a large number of new infections is being prevented. At the same time, 17 million people still require life-saving medicines, and the rate of new HIV infections has not fallen fast enough in recent years. The younger generation, particularly girls and young women (15-24), is the most affected group. Every year, one million people still die due to AIDS.

Addressing the prevention gap

1.8 million new HIV infections occur every year: there is still a lot of work to be done in order to reach the UNAIDS target of fewer than 200,000 new infections per year by 2030. New infections remain a major threat to controlling the epidemic. Lowering infection rates requires a combination of different preventative measures, including condom use; PreP; education and harm reduction among people who use drugs. Every country or region needs a tailor made combination of measures to respond effectively.

At present, we face the following challenges:

- Sub-Saharan Africa needs twice as many condoms than are currently available. In addition, condom use is too low among all groups at high risk of HIV infection.
- 65 per cent of all young people don’t know enough about HIV to protect themselves adequately.
- 43 per cent of all countries reporting on intravenous drug use do not have syringe exchange programmes.
- PreP availability is less than 5 per cent of the 2020 target.
- Only 44 per cent of the people living with HIV have suppressed viral loads.

The greatest opportunities in the AIDS response

Detecting HIV in a person living with the virus is more expensive than treating someone for a whole year (IAS, 2017). Making HIV detection more effective is thus of vital importance.

Improved use of ‘Big Data’ for health purposes needs further exploration: by combining epidemiological data with other information, we can have a better idea of who needs testing and where to deliver it, in order to have the greatest impact.

New interventions

Ever more effective interventions are available to achieve the 90-90-90 targets. These include reliable HIV home testing kits, new long-acting ARTs, the HIV prevention pill PreP and viral load measurement methods that can be used in any clinic. High-quality healthcare and prevention services are being rolled out into the communities, resulting in increased effectiveness and higher numbers of people reached.

Funding communities

In 2016, the UN member states adopted a Special Declaration to end AIDS and member countries committed themselves to contributing sufficient funds: 26 billion dollars per year. We can only achieve the fast-track targets if we invest a large share of the funds in community work. With this approach we will reach local organisations for and run by people living with HIV who know their communities best and are trusted by the most affected people.

Radical reduction of HIV and other STI rates in the Netherlands

The Netherlands is committed to the World Health Organization (WHO)’s Global Health Sector Strategies for HIV, viral hepatitis and STIs for 2016-2021 to radically reduce HIV and other STIs:

- Zero new HIV infections
- Zero HIV-related deaths
- Zero HIV-related stigma in a world where people living with HIV live long, healthy lives

STIs

- Zero new STI infections
- Zero STI-related deaths and complications
- Zero STI-related stigma in a world with easy access to prevention and treatment for everyone, to ensure that people living with an STI can live long, healthy lives

Every country is required to draw up a plan to realise this vision in due course. The National Plan for STIs, HIV and Sexual Health for 2017-2022 (Nationale Plan SOA, Hiv en Seksuele Gezondheid 2017-2022) informs the response in the Netherlands.

Current status of the response to HIV and other STIs in the Netherlands (reference year: 2015)

We are managing to reach more people with information about symptoms, testing and prevention of HIV and other STIs. The number of consultations at the Sexual Health Centres (Centra Seksuele Gezondheid) of the GGD local health authorities has increased. More STIs were detected and treated preventing onward transmission. Unfortunately, these positive developments mean that the response to HIV and other STIs is now considered less urgent in the Netherlands. In 2015, the Dutch Ministry of Health, Welfare and Sport decided to freeze the budget for STI testing at GGD Sexual Health Centres.

As a result, these STI polyclinics introduced a stricter selection procedure and referred more people to general practitioners. Meanwhile, members of high-risk groups who are still eligible for treatment at STI polyclinics face longer and longer waiting times. Fewer people visited their general practitioner for STI testing since 2014. The increase in the mandatory own-risk contribution on health insurance policies may mean that not everyone can or wants to visit their general practitioner. More and more businesses are selling STI self-testing kits, but the quality is frequently low. This makes it all the more important to guide people to companies offering reliable STI self-testing kits.
HIV rates in the Netherlands

In the Netherlands, an estimated 22,900 people live with HIV; 2,800 of them do not know their HIV status and 45 per cent of newly diagnosed people access healthcare too late. Every year, some 900 people are diagnosed with HIV, and over 100 still die due to HIV-related diseases.

The Netherlands is moving towards achieving the UNAIDS 90-90-90 targets:

- of people living with HIV know their HIV status: 88%
- of people who show their HIV-positive status in treatment: 88%
- of people on treatment have suppressed viral loads: 93%

Source: HIV Monitoring Foundation (Stichting Hiv Monitoring)

<table>
<thead>
<tr>
<th>STI rates</th>
<th>Chlamydia</th>
<th>Gonorrhea</th>
<th>Syphilis</th>
<th>Hepatitis B</th>
<th>Hepatitis C</th>
</tr>
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<tbody>
<tr>
<td>Number of diagnoses at Sexual Health Centres:</td>
<td>20,698</td>
<td>6,092</td>
<td>1,223</td>
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<td>Number of diagnoses by general practitioners:</td>
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<td>7,900</td>
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</tr>
</tbody>
</table>

Two-thirds of STI consultations in the Netherlands take place at general practices. The remainder takes place at STI polyclinics (Sexual Health Centres) of the GGD local health authorities. Twice a year, the National Institute for Public Health and the Environment (RIVM) publishes a report about the number of consultations at the GGD local health authorities, and the HIV and other STI infection rates detected there. In June 2016, the RIVM published the final rates for 2015, including the rates and estimates at general practitioners.

Applying the Cascade of Care model shows that in the Netherlands we are effective at keeping HIV-positive people in healthcare, treating them and successfully suppressing their viral loads. This contributes to a higher life expectancy and improved health of people living with HIV, and also ensures that they do not pass on the virus to others. However, we do not use all available preventative measures in the Netherlands, such as educational activities in schools, condom use campaigns and PrEP. These measures are crucial since the virus is most frequently transmitted in the acute phase, even before an HIV diagnosis takes place.

In 2016, the Sexual Health Centres of the GGD local health authorities detected more STIs than in previous years because they were more focused on testing high risk groups. However, the number of STI consultations at general practitioners decreased that year, continuing a downward trend. High risk behaviour among visitors to Sexual Health Centres shows no signs of diminishing. Sex education of new generations is lagging behind; knowledge about STIs is decreasing and over 40 per cent of young people do not use a condom if they have a one-night-stand. Chlamydia is the number one STI detected in the Netherlands, with stable incidence rates among men who have sex with men and growing rates among heterosexuals. Gonorrhoea and syphilis diagnoses have risen in recent years, particularly among men who have sex with men, though hepatitis B and C infection rates are falling. HPV (human papilloma virus) vaccination rates among girls – to prevent cervical cancer – have dropped from 61 to 53 per cent. Testing guidelines are not being followed closely enough. We are increasingly concerned about gonorrhoea treatment resistance.

Main opportunities in the STI response

People are more likely to visit Google than their general practitioners these days. We should provide high quality information services in response to this move towards self-diagnosis and self-care. People don’t just want the bare facts; they are looking for interaction and tailor-made advice. E-health makes it possible to check information or contact a professional anonymously and conveniently. Anonymity lowers the threshold to discussing sensitive issues like STIs and sexuality. Online information and e-health campaigns that match the needs of the public are urgently required, as well as new ways of providing information and services. A good example is Advies.chat, launched in 2017.

Encouraging condom use

Treatment as prevention and the introduction of PrEP for HIV, as well as the emphasis on STI testing and treatment, could jeopardise rates of condom use. Choosing the right size appears to be a crucial factor in the proper and pleasant use of condoms. We can draw on a number of examples of successful campaigns in other countries to help build a state-of-the-art campaign with a powerful message. This will help health professionals nationwide raise local awareness of safer sex and motivate people.

Promoting Vaccination

In the Netherlands, HPV vaccination is currently only offered to girls and to prevent cervical cancer. In 2018, we expect that the Health Council of the Netherlands (Gezondheidsraad) and the National Health Care Institute (Zorg Instituut Nederland) will advise on the roll-out of the HPV campaign to all risk groups. More and more countries use HPV vaccination to prevent different types of cancer (such as anal and nasal cancer) and genital warts.

Partner notification

The detection rate among notified partners is nearly twice the rate at Sexual Health Centres (32 versus 18 per cent). That’s why partner notification and partner management are essential for the health of individuals (prevention of symptoms) and for public health (prevention of transmission). This applies to chlamydia in particular. It appears that testing more people does not result in fewer chlamydia infections, and prevention of symptoms and transmission is vital. Partner notification should also help bring the rise in syphilis and gonorrhoea infection rates to a halt.

Colophon

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New boost needed for the response to HIV and other STIs in the Netherlands – now!

In 1981, the first AIDS patients were hospitalised in the Netherlands. Nobody knew how AIDS was transmitted, and the disease caused widespread damage. There was no cure available and the consequences were dramatic. In the period 1982-2000, over 6,000 people were diagnosed with AIDS in the Netherlands over 50 per cent of them died. This resulted in drastic changes in behaviour, practices and policies in the Netherlands.

The general public is no longer confronted by the AIDS epidemic in the same way as it once was, resulting in a decrease in (financial) support for the STI response. In fact, the STI response needs a boost, just as the AIDS response does. Preventative measures should be made more widely available, we need to detect more STI infections to ensure transmission rates drop and we should make the most of tools like e-health.